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Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

REQUEST FOR REASONABLE ACCOMMODATION – EXCEPTION PAYMENT STANDARD

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

ACTION: You must take the following steps prior to submitting your request for an Exception Payment Standard.

- 1. Contact the Housing Locator at 312-825-2254 or housinglocator@thecha.org for an assessment.
2. Complete the HCV Participant Accessibility Checklist.
3. Provide a list of units (at least 5-10) viewed that were otherwise unavailable or did not meet your accessibility needs.
4. Locate a unit that meets your accessibility needs.

Date of Request: _____

Name (Head of Household): _____ Voucher #: _____

Address: _____ City, State, ZIP Code: _____

Who is requesting the accommodation? [] Head of Household
[] Household Member: _____ (Name)

Note: The person requesting the accommodation must meet federal discrimination laws' definition of disabled.

Please provide the following information:

Describe the special features of the unit.

What is the exact address for which you are requesting an Exception Payment Standard?

(Street Address) (Unit #) (City) (State) (ZIP Code)

Requested rent amount: \$ _____

Number of bedroom(s): _____ Number of bathroom(s): \$ _____

List the utilities that will be your responsibility:



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Note: If necessary, HCV Program staff **may** fill in the name, voucher number and requested accommodation on behalf of the participant.

Signature of HCV Program staff, if applicable: X _____

Please list the contact information of the knowledgeable professional who can verify that you have a disability warranting the accommodation(s).

Name: _____ Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Release of Information:

I certify that the information provided on this form is true and accurate. I give CHA permission to discuss the requested accommodation with my knowledgeable professional.

Note: The knowledgeable professional listed will receive a copy of this form.

Signature of Participant

Date

Fraud and False Statements: Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department or employee of the United States Government, HUD, a Public Housing Authority or a property owner may be subject to penalties that include fines and/or imprisonment.

If you have any questions, please contact the Housing Locator at 312-825-2254 or housinglocator@thecha.org.

I affirm that the applicant/participant has submitted all required documents needed to process this reasonable request form.

Signature of HCV Housing Locator: X _____